

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90005 008 ***150.00

DOCUMENT # P99000109890

1. Entity Name
GULF CO-INVEST, INC.

Principal Place of Business
**3001 N ROCKY POINTE DRIVE
 SUITE 335
 TAMPA FL 33607**

Mailing Address
**3001 N ROCKY POINTE DRIVE
 SUITE 335
 TAMPA FL 33607**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**1409 Swann Avenue
 Tampa, Florida
 33606 USA**

3. Mailing Address
**1409 Swann Avenue
 Tampa, Florida
 33606 USA**

Zip Country

Zip Country

4. FEI Number **59-3616989**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FELDER, BEN ESQ
 1505 NORTH FLORIDA AVENUE
 TAMPA FL 33601**

7. Name and Address of New Registered Agent

Name **Nicki Spirtos, Esq.**
 Street Address **1409 Swann Avenue** (table)
Tampa, Florida
 City **33606 USA**

FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Nicki Spirtos*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/8/02
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HUSSAIN, SARDAR F 3001 N ROCKY POINTE DRIVE SUITE 335 TAMPA FL 33607	<input type="checkbox"/> Delete
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CR2E034 (9/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nicki Spirtos*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02
 Date Daytime Phone #